

11-03-05

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB#0651-0631
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number 10/092,185 Filing Date March 6, 2002 First Named Inventor Raymond J. Beffa Art Unit 3653 Examiner Name J. Rodriguez Attorney Docket Number 2269-3037.10US (95-1074.10/US)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 C.F.R. 1.114 <ul style="list-style-type: none"> a. <input type="checkbox"/> Previously submitted <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered). ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. <input type="checkbox"/> Other _____ b. Enclosed <ul style="list-style-type: none"> i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____ 						
2. Miscellaneous <ul style="list-style-type: none"> a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required) b. <input type="checkbox"/> Other _____ 						
3. Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.						
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge <u>any deficiency in</u> the following fees, or credit any overpayments, to Deposit Account No. <u>20-1469</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)</td> <td style="width: 20%; text-align: right;"> 11/04/2005 DTESEM1 00000105 10092185</td> </tr> <tr> <td>ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)</td> <td style="text-align: right;">01 FC:1801 790.00 OP</td> </tr> <tr> <td>iii. <input type="checkbox"/> Other _____</td> <td></td> </tr> </table> b. <input checked="" type="checkbox"/> Check in the amount of <u>\$790.00</u> enclosed	i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)	11/04/2005 DTESEM1 00000105 10092185	ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)	01 FC:1801 790.00 OP	iii. <input type="checkbox"/> Other _____	
i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)	11/04/2005 DTESEM1 00000105 10092185					
ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)	01 FC:1801 790.00 OP					
iii. <input type="checkbox"/> Other _____						
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)						

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	James R. Duzan	Registration No. (Attorney/Agent)	28,393
Signature			
Date	November 2, 2005		

CERTIFICATE OF MAILINGExpress Mail Label Number: EL995992453USDate of Deposit: November 2, 2005Person Making Deposit: Timothy Palfreyman

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Mail Stop RCE, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.